



**COMMUNITY RELATIONS COMMITTEE  
OF THE BOARD OF DIRECTORS**

May 2, 2017  
5:30 P.M.  
Board Room  
125 Worth Street, Room 532

JOINT MEETING WITH COUNCIL OF COMMUNITY ADVISORY BOARDS

**AGENDA**

- |  |                         |
|--|-------------------------|
| I. Call to Order   | Josephine Bolus, NP, BC |
| II. Adoption of March 7, 2017<br>Community Relations Committee Meeting Minutes | Josephine Bolus, NP, BC |
| III. Chairperson's Report  | Josephine Bolus, NP, BC |
| IV. Interim CEO President's Report   | Stanley Brezenoff       |
| V. Information Items (Annual CAB Reports):                                     |                         |
| a. NYC Health + Hospitals/Woodhull   | Talib Nichiren          |
| b. NYC Health + Hospitals/McKinney   | Antoine Jean-Pierre     |
| c. NYC Health + Hospitals/Lincoln  | George Rodriguez        |
| d. NYC Health + Hospitals/Harlem   | Benita Stembridge       |
| VI. Old Business   |                         |
| VII. New Business  |                         |
| VIII. Adjournment  |                         |



**COMMUNITY RELATIONS COMMITTEE  
OF THE BOARD OF DIRECTORS**

March 7, 2017

5:30 P.M.

NYC Health + Hospitals Board Room  
125 Worth Street, Room 532

**MINUTES**

**ATTENDEES**

**COMMITTEE MEMBERS**

Josephine Bolus, NP-BC, Committee Chair

Helen Arteaga-Landaverde, Board Member

Ross Wilson, M.D. (representing Stanley Brezenoff, Interim President, NYC Health + Hospitals)

**COUNCIL OF THE COMMUNITY ADVISORY BOARDS**

Talib Nichiren, Chairperson, Council of CABs, NYC Health + Hospitals/Woodhull

Rosanne DeGennaro, Chairperson, NYC Health + Hospitals/Coney Island

Donald Young, Chairperson, NYC Health + Hospitals/Gouverneur/A Gotham Health Center

Ludwig Jones, Chairperson, East New York/A Gotham Health Center

Jacqueline Narine, Chairperson, NYC Health + Hospitals/Cumberland/A Gotham Health Center

Gary Delamothe (representing Gladys Dixon, Chairperson, NYC Health + Hospitals/Coler)

Jacqueline Boyce, Chairperson, NYC Health + Hospitals/Queens

Louise Dankberg, Chairperson, NYC Health + Hospitals/Bellevue

Eartha Washington, NYC Health + Hospitals/Elmhurst

J. Edward Shaw, Chairperson, NYC Health + Hospitals/Metropolitan

Benita Stemberge, Chairperson, NYC Health + Hospitals/Harlem

Ruth Clark, Chairperson, NYC Health + Hospitals/Renaissance/A Gotham Health Center

Antoine Jean-Pierre, Chairperson, NYC Health + Hospitals/McKinney

Gloria C. Thomas (representing Kenneth Campbell, Chairperson, NYC Health + Hospitals/Kings)

**FACILITY COMMUNITY ADVISORY BOARD MEMBERS**

Lydia Kensenhuis, NYC Health + Hospitals/ Carter

Marty Bromberger, NYC Health + Hospitals/Coney Island

Judy Wessler, NYC Health + Hospitals/Gouverneur/A Gotham Health Center

Bernice E. Diaz, NYC Health + Hospitals/ McKinney

Allan P. Wallace, NYC Health + Hospitals/Kings

Claudette Brown, NYC Health + Hospitals/McKinney

Oneida Lewis, NYC Health + Hospitals/Cumberland/A Gotham Health Center

Natasha Burke, NYC Health + Hospitals/Kings

Elsie Trotman, NYC Health + Hospitals/Harlem

Cindy Cain, NYC Health + Hospitals/Harlem

Sefton Rodney, NYC Health + Hospitals/Harlem

Hiawatha Campbell, NYC Health + Hospitals/Cumberland/A Gotham Health Center

Pauline Moore, NYC Health + Hospitals/Cumberland/Auxiliary

A. Hussein, NYC Health + Hospitals/Queens

Robin Hogans NYC Health + Hospitals/Queens

Mary Maynard, NYC Health + Hospitals/Queens

Rev. Harry Jean, NYC Health + Hospitals/Queens

Carolyn Phillips, NYC Health + Hospitals/Queens

Wilbur Johnson, NYC Health + Hospitals/ McKinney

Jeromane Gerger-Gaskin, NYC Health + Hospitals/Kings  
Queenie Huling, NYC Health + Hospitals/Coney Island  
Allen P. Wallace, NYC Health + Hospitals/Kings  
Claudette Browne, NYC Health + Hospitals/McKinney  
Jennifer Dublin, NYC Health + Hospitals/Coney Island  
Lynette Thomas, NYC Health + Hospitals/McKinney  
Aliya Hussein, NYC Health + Hospitals/Queens  
Leticia Theodore-Greene, NYC Health + Hospitals/Kings

**NYC HEALTH + HOSPITALS CENTRAL OFFICE STAFF**

Machelle Allen, M.D., Chief Medical Officer, NYC Health + Hospitals  
John Jurenko, Government Relations  
Kathleen Whyte, Community Relations  
Colicia Hercules, Office of Board Affairs  
Patricia Lockhart, Office of Board Affairs  
Valerie Phillips, Office of Legal Affairs  
Alvin Young, Office of Community Relations  
Manelle Belizaire, Office of Community Relations  
Robb Burlage, Office of Community Relations  
Renee Rowell, Office of Government Relations

**NYC HEALTH + HOSPITALS FACILITY STAFF**

Ernest Baptist, Chief Executive Officer, NYC Health + Hospitals/Kings  
Martha Sullivan, D.S. W., Chief Executive Officer, NYC Health + Hospitals/ Gouverneur  
Michelle Lewis, Chief of Staff, NYC Health + Hospitals/Ambulatory Care  
Gina Tasco, Site Administrator, NYC Health + Hospitals/East New York  
Nash Dunlap, Deputy Executive Director/NYC Health + Hospitals/Gouverneur  
Sanford Operowsky, Deputy Director, NYC Health + Hospitals/ Gouverneur  
C. Jill Brooker, CAB Liaison, NYC Health + Hospitals/Bellevue  
Xiomara Wallace, CAB Liaison, NYC Health + Hospitals/Kings  
LaKeisha Weston, CAB Liaison, NYC Health + Hospitals/Coney Island  
William Jones, CAB Liaison, NYC Health + Hospitals/Carter  
Sandra Springer, CAB Liaison, NYC Health + Hospitals/Queens  
Nancy Ramos, CAB Liaison, NYC Health + Hospitals/Cumberland/A Gotham Health Center  
Karen Wade-James, CAB Liaison, NYC Health + Hospitals/East New York  
Annala Ginsberg, Staff, One City Health: DSRIP  
Marjorie Momplaisir-Ellis, Staff, One City Health: DSRIP

**GUESTS:**

Martha Ayan, New York State Nurses Association  
Anthony Feliciano, Commission on the Public's Health System

## CALL TO ORDER

The Chairperson, Mrs. Josephine Bolus, NP-BC, called the meeting of the Community Relations Committee (CRC) to order at 5:40 PM. Mrs. Bolus announced that a quorum had been established. She requested a motion for the adoption of the minutes of January 10, 2017 CRC meeting. A motion was made and seconded. The minutes were adopted.

## CHAIRPERSON'S REPORT

Mrs. Bolus welcomed Committee Members and highlighted key NYC Health + Hospitals' events that occurred since the January 10, 2017 meeting. Mrs. Bolus began her report by informing members of the Committee, CAB Chairs and invited guest that Ms. Gladys Dixon, CAB Chairperson for Coler, was hospitalized at New York Presbyterian Weill Cornell. Mrs. Bolus asked everyone to please keep Gladys in our thoughts and prayers for a speedy recovery. She continued and reported the following:

- Ms. Bolus thanked the Council of CABs, NYC Health + Hospitals' leadership (notably Israel Rocha and Alina Moran), facility public affairs staff, CAB members and Auxiliary members for coming out in full force to advocate for NYC Health + Hospitals for Lobby Day in Albany, NY on February 14<sup>th</sup>. Mrs. Bolus added that more than one hundred CAB members and staff participated in more than 70 meetings with members of the State Assembly and Senate. She noted that they discussed the need for safety net funding legislation and our concerns regarding ACA repeal and DSH payment cuts.
- Ms. Bolus thanked all of the Community Advisory Boards and staff who have helped to organize fifteen (15) Legislative forums across the system, which started on February 8<sup>th</sup> and will continue through March 17<sup>th</sup>. Thus far, nine legislative forums were held at the following facilities:
  - **February 8<sup>th</sup>** at Jacobi
  - **February 10<sup>th</sup>** at Woodhull
  - **February 24<sup>th</sup>** at Queens
  - **March 2<sup>nd</sup>** at Metropolitan
  - **March 3<sup>rd</sup>** at Bellevue, Coler and Kings
  - **March 4<sup>th</sup>** at East New York

Mrs. Bolus added that at these forums, NYC Health + Hospitals staff and CAB members highlight the facility's services, achievements, facility-specific needs, and the challenges that NYC Health + Hospitals' will face to fulfil its mission in light of changes to the current health care landscape nationally.

- Ms. Bolus announced the upcoming NYC Health + Hospitals' Board of Directors Annual Public Meetings. The schedule is the following:
  - **The Bronx:** Wednesday, April 19<sup>th</sup> at 6pm at Jacobi
  - **Staten Island:** Wednesday, May 10<sup>th</sup> at 6pm at Sea View
  - **Brooklyn:** Wednesday, May 17<sup>th</sup> at 6pm at Coney Island
  - **Manhattan:** Wednesday, June 7, 2017 at 6pm at Harlem
  - **Queens:** Wednesday, June 14<sup>th</sup> at 6pm at Elmhurst

- Mrs. Bolus concluded her remarks by highlighting a few notable initiatives that occurred across the system:
  - **Coney Island** had successfully implemented the EPIC electronic medical record system that will help physicians provide safe, high-quality, efficient care and allow patients to easily access their medical records via a secure website. Moreover, EPIC will seamlessly connect the hospital, emergency room, and robust primary and specialty outpatient services into one unified electronic information system.
  - **North Central Bronx** is the latest facility in the system to receive recognition by the World Health Organization and others as a “Baby-Friendly Hospital.” She explained that this award recognizes hospitals that offer an optimal level of care for infant feeding and mother/baby bonding.
  - **Metropolitan** is one of only a few hospitals in New York City, and the only facility within the public health system that is offering gender-affirming surgeries at its newly expanded LGBTQ Health Center, which also provides hormone therapy.

Mrs. Bolus turned the meeting over to Ross Wilson, M.D., to present remarks on behalf of Mr. Stanley Brezenoff, NYC Health + Hospitals’ Interim President.

## **PRESIDENT’S REMARKS**

**Ross Wilson, M.D.**

Dr. Wilson greeted everyone and informed the Committee that he would highlight two (2) key issues starting with what’s going on in Washington D.C. and how that affects the vulnerable populations that NYC Health + Hospitals serves. Dr. Wilson began his remarks by informing members of the Committee that President Trump’s plan to repeal and/or replace the Affordable Care Act (ACA) was still not clear. Dr. Wilson stated that the ACA discussions are really important and financially threatens the NYC Health + Hospitals because we don’t know where we are going to land. He explained that repeal would cause more than 18 million people to lose their insurance nationally within a year, including up to 1.6 million New Yorkers. Dr. Wilson noted that there is talk of keeping parts of the ACA; specifically, the provision that would prohibit insurance companies from denying coverage to individuals with preexisting medical conditions and children would remain on their parent’s coverage until age 26. If the ACA is repealed, NYC Health + Hospitals stands to lose \$418 million over 10 years from Medicare ACA reduction and \$289 million in Medicaid Disproportionate Share Hospital (DSH) funding, when this provision goes into effect in October 2017 for FFY18-19. Dr. Wilson concluded his remarks by thanking the CABs for their continued advocacy.

## **COMMUNITY ADVISORY BOARD (CAB) ANNUAL REPORTS**

### **NYC Health + Hospitals/East New York - A Gotham Health Center**

Mrs. Bolus introduced Mr. Ludwig Jones, Chairperson of NYC Health + Hospitals/ East New York - A Gotham Health Center - and invited him to present the CAB’s annual report.

Mr. Jones began his report by greeting members of the Committee, CAB Chairperson and invited guests and informing the Committee that in lieu of giving the East New York (ENY) CAB report, he would like to digress from the report and present his personal observation as the Chair of the ENY CAB for the record. Mr. Jones presented the following observations:

- Mr. Jones stated that he was privileged to be among those persons who journeyed to the State Capital in Albany on Tuesday February 14th, to impress upon the Legislators the dire situation facing NYC Health + Hospitals. Mr. Jones noted that his take away was that NYC Health + Hospitals is operating in a changing world as it relates to health care. Mr. Jones stated, "We can no longer operate under the "business as usual" mentality, thinking that when we are in need, the various federal and state funding agencies will always be there to bail us out." Mr. Jones stated that he had concluded and others have supported this after meeting with many of the legislatures that we must change our attitudes, particularly towards our customers/consumers. Mr. Jones added that NYC Health + Hospitals has to operate with the "mindset" that the facilities will only remain open when we treat those who come in with the utmost personal care and respect, notwithstanding the excellent professional medical care that we already dispense.
- NYC Health + Hospitals will be facing mounting challenges from the proliferating Urgent Care Centers in the ENY neighborhoods and he noted in many cases, located within a few blocks of the facilities and the merging of individual private hospitals into mega health systems, which are all designed to attract consumers by advertising low waiting times, and good service to all.
- Mr. Jones continued and noted that, while NYC Health + Hospitals cannot compete financially with other conglomerates in the advertisement arena, NYC Health + Hospitals is leading many of these institutions in quality patient care. Mr. Jones noted that interaction or lack thereof of respect between staff and the consumers has to considerably changed so that patients will not only come in the buildings to access services but they will tell others in the community of their "excellent experience". Mr. Jones added that NYC Health + Hospitals must demonstrate to our patients that we are happy to see them and are always ready to serve them.
- Mr. Jones concluded his personal observation by stating that "on a very important note ENY is in dire need of a visible digital electronic sign on the face of the building as well as an attractive entry." Mr. Jones extended an invitation to Mr. Brezenoff and Mr. Martin to tour the facility.

### **NYC Health + Hospitals/Cumberland - A Gotham Health Center CAB**

Mrs. Bolus introduced Ms. Jacqueline Narine, Chairperson of NYC Health + Hospitals/Cumberland and invited her to present the CAB's annual report.

Ms. Narine began her presentation by greeting members of the Committee and thanking them for the opportunity to present. Ms. Narine gave the following report:

- Ms. Narine informed the Committee that the CAB serves as a connection between Cumberland and the community, facilitating access to quality healthcare. Ms. Narine noted that Cumberland is a health care practice that has been caring for the community for over 100 years.
- Ms. Narine stated that, "We are a Federally Qualified Health Center, true to its roots as a community health provider. Cumberland prides itself on responding to local health concerns through many forms of community involvement such as community outreach and patient centered medical care."
- Cumberland achieved the highest level patient experience score across NYC Health and Hospitals through a concentrated effort by staff and management to have managers be more visible on the floors, engaging with patients, identifying bottlenecks in the flow and problem solving in real time.

- Cumberland recently received its staff engagement scores from Press Ganey, which revealed an impressive improvement. A team dedicated to addressing staff concerns, staff recognition and awards has been developed to ensure that staff has a voice in decisions making.
- The CAB was instrumental in reintroducing Cumberland to the community by deploying the outreach team to have a more robust presence by connecting with small businesses, local community partners, and also by inviting the community to use the space in Cumberland for programs and events. Cumberland provides a number of programs which the community attends such as Zumba and knitting classes.

Ms. Narine concluded her remarks by thanking Dr. Walid Michelen, Gotham Chief Medical Officer, Ms. Michelle Lewis, Sr. Associate Director, Dr. Cynthia Boakye, Alvin Young, Director of Community Affairs, Manelle Belizaire, Assistant Director, Nancy Ramos, CAB Liaison, Cumberland CAB and Auxiliary members for their leadership and continued support.

### **NYC Health + Hospitals/Kings CAB**

In the excused absence of Kings CAB Chairperson, Mr. Kenneth Campbell, Mrs. Bolus introduced Ms. Gloria Thomas, and invited her to present the CAB's annual report.

Ms. Thomas began the Kings CAB report by thanking members of the Committee for the opportunity to present the CAB's annual report and she presented the following report summary:

- NYC Health + Hospitals/ Kings County's leadership continues to work to meet the needs of the community through the promotion of services and programs as well as education and outreach to the community. The Public/Community Affairs Department works with clinicians and administrators across the hospital to advance the goals of the facility, and indeed the corporate office. There is also a concerted push to improve access to services and improve patient experience.
- The CAB used its extensive network to introduce Kings County nurses and diabetes educator to local community groups which contributed to Kings County presence at approximately 40 community health fairs and events during April- October. Ms. Thomas noted that Kings clinical staff provided education on living a healthier life, including diet and nutrition information, and conducted 149 BMI and 1611 blood pressure screenings.
- On Friday, March 4, 2016 Kings County Hospital and the Community Advisory Board hosted their Annual Legislative Breakfast more than 100 attendees including elected officials learned about Kings County services to the community and NYC Health + Hospital's fiscal and policy goals. Ms. Thomas noted that Honorable City Councilman Mathieu Eugene surprised attendees with the presentation of a \$4.5 Million check to Kings County to meet some of its capital needs.
- Ms. Thomas informed members of the Committee that the Kings County CAB participated in this year's Lobby Day in Albany, New York on Tuesday, February 14<sup>th</sup>. Ms. Thomas continued and noted that there are eighteen (18) members on the CAB with five (5) vacancies.

Ms. Thomas concluded the Kings County CAB report by recognizing Ernest Baptist, CEO Natasha Burke, Chief of Staff and Xiomara Wallace, CAB Liaison for their leadership, dedication and commitment to the community. Ms. Thomas also recognized NYC Health + Hospitals/Kings CAB members who were present.



## NYC Health + Hospitals/Gouverneur - A Gotham Health Center CAB

Mrs. Bolus introduced Donald Young, Chairperson of Gouverneur's CAB and invited him to present the CAB's annual report. Mr. Young began the Gouverneur CAB report by thanking members of the Committee for the opportunity to present. The following overview was presented:

Mr. Young announced that the previous year had been marked by several milestones and accomplishments in their efforts to engage and connect with our community. As a result, Mr. Young feels that the CAB is in a better position today to represent its community.

- Mr. Young informed the Committee that last June the Gouverneur CAB had achieved a milestone by holding its first annual public meeting. Mr. Young noted that the event was a success with more than 100 people from the community in attendance. He stated that Mr. Joe Salvo, the Director of New York City's Planning Department's Population Division was the keynote speaker and he presented an analysis of demographic trends for the Lower East Side. An interesting discussion followed about the implication of these trends for healthcare and other city services. He reported that the CAB also participated with Gouverneur's Administration in several meetings with community leaders, including with Latino, Chinese, Jewish and faith-based leadership. The meetings provided valuable feedback about our services and based on these discussions several improvements were implemented. In addition, CAB members worked with Gouverneur's outreach staff to host successful a Back to School and an Open House event that each attract several thousand people.
- Mr. Young noted that Gouverneur is successfully positioning itself as an important member of its community and is motivated to meet the communities' needs.
- There were also several notable accomplishments at Gouverneur last year. The Skilled Nursing Facility achieved a 5-Star CMS rating, the highest rating. Mr. Young noted that it also was listed by US News and World Report on their 2016-2017 list of Best Nursing Homes.
- Mr. Young informed members of the Committee that the community has certainly taken notice, and Gouverneur has a wonderful reputation. He believes that Gouverneur is the #1 one choice for community members requiring long term or sub-acute care.
- Mr. Young also reported that the ambulatory care program at Gouverneur became the first NYC Health + Hospitals site to recertify as a Patient Centered Medical Home and also achieving the highest rating. Ambulatory Care staff participated in several important mayoral initiatives for immigrant groups, including a new initiative that is being implemented to provide no-cost legal services at Gouverneur.

Mr. Young concluded the CAB's report by stating "we understand that the system is facing daunting budgetary challenges, but we would be remiss if we didn't use this meeting to request additional support for these important services so we can continue to make progress and grow." Mr. Young continued and announced that the first Gouverneur CAB Legislative Brunch, in more than 10 years, will take place on Thursday, March 16th.

**OLD BUSINESS****NEW BUSINESS**

Ms. Jacqueline Narine announced NYC Health + Hospitals/Cumberland CAB will host its Legislative Breakfast on Friday, March 10<sup>th</sup> beginning at 9:00 a.m.

Benita Stembridge announced NYC Health + Hospitals/ Harlem CAB will host its Legislative Breakfast on Friday, March 17<sup>th</sup> beginning at 9:30 a.m.

Ms. Eartha Washington announced NYC Health + Hospitals/Elmhurst CAB will host its Legislative Breakfast on Friday, March 10<sup>th</sup> beginning at 11:00 a.m.

Ms. Rosanne DeGenarro announced NYC Health + Hospitals/Coney Island CAB will host their annual Legislative Breakfast on Friday, March 10<sup>th</sup> beginning at 9:00 a.m.

**ADJOURNMENT**

The meeting was adjourned at 6:25 PM.



**REPORT TO THE COMMUNITY RELATIONS COMMITTEE  
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

**NYC Health + Hospitals/Woodhull**

**I. COMMUNITY NEEDS**

1. What are the most significant health care service needs or concerns of your community/communities?

- Diabetes
- Hypertension/High Blood Pressure
- Heart Disease, High Cholesterol Stroke
- Obesity
- Mental Illness
- Asthmas

2. How were these needs/concerns identified? (Please check all that apply).

- Community Board(s) meetings                       Other Public Meetings  
 Needs Assessments                       Surveys                       Community Health Profile Data  
 Reports from Community Organizations                       Other Activities (please list)

- Community Advisory Board meetings
- Patient Advisory Committee
- Community Outreach Events
- Annual Public meetings

3. Is your facility leadership addressing these needs/concerns?

- yes     no

a. If yes, please give examples of what the facility leadership is doing.

Under the new leadership of Mr. Gregory Calliste, Chief Executive Officer the Community Advisory Board meets monthly and as needed to address the needs and concerns.

Mr. Calliste provide the CAB with weekly Woodhull Highlights on Excellent Patient Care, Excellent Patient Experience, Excellent Staff Engagement, Excellent Community Satisfaction, Continuous Growth and Fiscal Viability and continuous updates on What's Happening at Woodhull and NYC Health + Hospitals.

## **II. FACILITY'S PRIORITIES**

1. What are the facility's strategic priorities?
  - To address the health care needs of the community. Through an inclusive process that merged consumer, community, and epidemiologic data, Woodhull has targeted five health care priorities: Hypertension, Alcohol and/or Drug Use, Diabetes, Obesity, and Heart Disease, High Cholesterol, and Stroke.
  - The implementation of the New York State (NYS) Delivery System Reform Incentive Payment (DSRIP) program that will provide funding for public and safety net providers to transform the NYS Health Care Delivery System.
2. Describe how the CAB provides input into the development of the facility's strategic priorities?

The Woodhull Community Advisory Board participated in two focus groups that resulted in the development of the health care priorities and also participated in the development of the strategies to address those needs. The 2016 plan is a three year process and the CAB will periodically review progress toward meeting objectives.

3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

Yes

no

The Community Advisory Board is provided with ongoing updates and the members also provides feedback into any new program and the modernization of new projects.

### III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes

No

The Chief Executive Officer provide the Community Advisory Board with a Weekly Woodhull Highlights Newsletter and Medical Director provides the Community Advisory Board members with monthly reports at the CAB meetings.

2. What are the most frequent complaints raised by patients/residents?

- Long wait time for an appointment
- Waiting time to be seen by the physician
- Overcrowded Emergency Room

3. What are the most frequent compliments provided by patients/residents?

- 1 New extended hours in the Medicine Practice
- 2 New hired physicians and Nurse Practitioners to address the workload
- 3 The Cleanliness of the facility
- 4 The Healing Garden
- 5 Music in the practices

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes

No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

Yes

No

#### **IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES**

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 24

2. What are current numbers of members? 19 What are current numbers of vacancies? 5

1 Community Planning Board # 2

2 Brooklyn Borough President

1 Executive Director

1 Members-At-Large

3. What were the membership recruitment activities conducted by CAB this year?

- The CAB reaches out to former retired employees.
- The CAB also takes a proactive recruitment approach by participating in community outreach event and distributes the CAB application and brochure at these events.

4. Do the CAB's recruitment efforts include outreach to new population groups in the community?

Yes

No

5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

1. Membership Committee
2. Ambulatory Care Committee
3. Mental Health Committee
4. Planning/Development & Financial Committee
5. By-Laws Committee

#### **Membership Committee**

The Membership Committee has the responsibility of recruitment and oversight of the Membership Roster which includes the name, category of appointee and number of vacancies. The membership committee also review the attendance of the Community Advisory Board members and submit recommendations as needed.

The Membership Committee also provide the Community Advisory Board members with a monthly attendance grid and yearly certificate of appreciation and perfect attendance.

#### **Ambulatory Care Committee**

The Ambulatory Care committee has the responsibility of acting as a patient advocate for the community and its patients. The committee monitors and conducts site visits to the various

practices and makes recommendation as needed to the Chief Executive Officer.

Several Community Advisory Board member are participants' on the Patient Advisory Committee.

**Mental Health Committee**

The Mental Health Committee reviews and monitors projects and programs and makes recommendations to the CAB and Chief Executive Officer.

**Planning/Development & Financial Committee Finance Committee**

The Finance Committee makes recommendation to the Chief Executive Officer and the Chief Financial Officer regarding new areas of focus based upon needs in the community.

**By-Laws**

The By-Laws Committee has the responsibility for ensuring that the By-Laws are followed and are in compliance with corporate operating procedures and guidelines. The By-Laws Committee also has the responsibility for reviewing and updating their By-Laws.

6. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

Yes

No

- a. If yes, please describe actions taken.

Each Community Planning Board representative on the CAB reports back to their perspective Community Planning Boards with written materials such as, but not limited to (newsletters, brochures, flyer, report, announcements, function, upcoming event, public hearing notices, minutes of meeting, NYC Health + Hospitals information package).



7. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

Yes

No

8. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?

Yes

no

On Thursday, January 7, 2016 a Public Community Health meeting was held to inform the community on the upcoming Residential Project by Comunilife, a non-profit, community based organization that will develop the residential building and will house low-income individuals and patients managing mental illness, on-site social services and help keep residents closely connected to the hospital's comprehensive health services at NYC Health + Hospitals/Woodhull.

On Wednesday, May 18, 2016 Woodhull hosted the FY 16 Annual Public Meeting.

9. Did the CAB host or participate with the facility's leadership in a legislative forum this year?

Yes

no

NYC Health + Hospitals/Woodhull Legislative Forum was held on Friday, March 4, 2016.

10. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?

Yes

no

a. If so, were the issues subsequently addressed? Yes.

11. Describe the CAB's involvement in its facility's outreach activities?

The Woodhull Community Advisory Board members are invited and attends all facility's outreach activities and events.

Involvement such as, but not limited to; Voter Registration drive.

12. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

Yes

no

13. Did your CAB participate in last year's Council of CABs Annual Conference?

Yes

no

14. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

Excellent

not enough

just right

If not enough, what assistance would you need?

**V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)**

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

1. n/a

2. n/a

3. n/a

4. n/a


5. n/a

**NOTE:** The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:

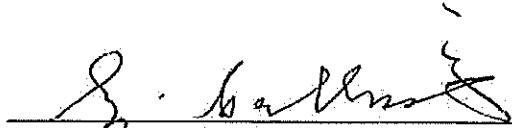


Talib Nichiren

Date:

Signatures:

Chief Executive Officer:



Gregory Calliste, FACHE, MBA, MS

Date:

4/7/17





**REPORT TO THE COMMUNITY RELATIONS COMMITTEE  
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

**NYC Health+ Hospitals/McKinney  
Community Advisory Board**

**I. COMMUNITY NEEDS**

1. What are the most significant health care service needs or concerns of your community/communities?

- *Diabetes and their related illnesses*
- *Breast Cancer*
- *Men Health Issues*
- *Availability of appropriate housing after discharge from facility*

2. How were these needs/concerns identified? (Please check all that apply).

- Community Board(s) meetings   Other Public Meetings  
 Needs Assessments  Surveys  Community Health Profile Data  
 Reports from Community Organizations  Other Activities (*Resident care Meetings and Church organization meetings.*)

3. Is your facility leadership addressing these needs/concerns?

yes  no

a. If yes, please give examples of what the facility leadership is doing.

- *Advocating wherever possible. Utilizing CAB and Auxiliary and all resources to find appropriate housing for short and long term residents.*
- *Ongoing education of residents, families and staff*
- *Liaising with other representatives within network and other facilities.*
- *Continued partnership w/ Community Based Organizations, keeping them informed*

## II. FACILITY'S PRIORITIES

1. What are the facility's strategic priorities?
2. *Quality short term and long term care in a changing market place.*
3. *Assist residents who can be discharged to the proper setting.*
4. *Fiscal Viability*
5. *Residents and their families are kept engaged as partners in their care*
6. *Working closely w/ community to promote and enable healthy living*
7. *Continued Improvement in the Provision of Resident and Staff Experience.*
8. *Increase Community Awareness of Facility and the Services Offered*

9. Describe how the CAB provides input into the development of the facility's strategic priorities?

*Continues advocacy for facility.*

*Provides insights of community needs.*

*Lobbies elected Officials where and whenever possible*

*Executive Director discusses strategic initiatives with CAB members at monthly meetings. Members share their input about the development of those plans.*

*Facility's strategic plan is shared with all CAB members.*

*CAB conducts an annual resident satisfaction survey*

10. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

yes

no

## III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes

No

2. What are the most frequent complaints raised by patients/residents?

- *Internal complaints are quality and variety of meals still remain.*
- *Occasional lost items*

3. What are the most frequent compliments provided by patients/residents?

- *Good medical management*
- *Their interaction with staff on all levels at all time*
- *Therapy in short term care*
- *Enhancement and Cleanliness of the Facility*
- *Special in house and community interactive events at facility particularly at Holidays*
- *Commitment and dedication of Staff*

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes      *N/A*       No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

Yes      *N/A*       No

#### IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES

1. According to the CAB's By-laws, what is the CAB's total allowable membership? **15**
2. What are current numbers of members? **12**. What are current numbers of vacancies? **3**

What were the membership recruitment activities conducted by CAB this year? *Community Outreach to health fairs, churches / Word of Mouth and Community Board meetings*

3. Do the CAB's recruitment efforts include outreach to new population groups in the community?

Yes                       No

4. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

*Health Outreach Committee Circulates information to the community, churches and their various CBOs  
Plans and coordinates health care forums  
Attend community events on behalf of the CAB Membership Committee assist with recruitment of new members  
Resident Care Committee  
Conducts annually Resident Satisfaction Survey  
Does walk through and interaction with staff and residents*

5. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

Yes                       No

a. If yes, please describe actions taken.



6. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

Yes  No

7. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?

yes  no

8. Did the CAB host or participate with the facility's leadership in a legislative forum this year?

yes  no

9. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?

yes  no

a. If so, were the issues subsequently addressed?  
Somewhat

10. Describe the CAB's involvement in its facility's outreach activities?

- *CAB members assist in community Health Fair: handouts and recruiting of new members.*
- *Attends educational community events that are coordinated by In-reach Committee*
- *Attends facility's special events.*
- *Assist the Auxiliary with their events*

11. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

yes  no

12. Did your CAB participate in last year's Council of CABs Annual Conference?

yes                       no

13. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

not enough       just right

They are always very supportive to all our needs and concerns

If not enough, what assistance would you need?

**V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)**

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

**No currently**

- 1.
- 2.
- 3.
- 4.
- 5.

**NOTE:** The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:

+ 

Date: 4/10/17

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Executive  
Director:



Date:

4/10/17

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**REPORT TO THE COMMUNITY RELATIONS COMMITTEE  
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

**LINCOLN MEDICAL CENTER  
May 2, 2017**

**I. COMMUNITY NEEDS**

- 1. What are the most significant health care service needs or concerns of your community/communities?

The most significant concerns of the community at large has is that now the NYC Health + Hospitals has a huge deficit, what will happen to the delivery of health care to the community? The reality that services and programs provided by the facility are being threatened has become a near reality. How can you continue quality care with less staff on board because of the cut backs and layoffs?

- 2. How were these needs/concerns identified? (Please check all that apply).

- Community Board(s) meetings  Other Public Meetings
- Needs Assessments  Surveys  Community Health Profile Data
- Reports from Community Organizations  Other Activities (please list)

- \*Annual Legislative Summit
- \*Albany trip taken by CAB, PAC
- \*Advocacy

- 3. Is your facility leadership addressing these needs/concerns?

- yes  no

- a. If yes, please give examples of what the facility leadership is doing.

The Community Advisory Board Members work together with the Administration in reaching out to Community Leaders and Legislators, advocating to help us maintain and restore the hospital

services and programs. The Lincoln Administration always keeps us informed.

## **II. FACILITY'S PRIORITIES**

### 1. What are the facility's strategic priorities?

Providing the best possible health care to our community, creating programs specific to the communities we serve and making sure to maintain that quality of care regardless of any barriers that exists, Immigration status and language barriers.

### 2. Describe how the CAB provides input into the development of the facility's strategic priorities?

Administration informs us of the development of the facility's strategic priorities through:

1. Our monthly full Board meetings.
2. Presentations on new initiatives and programs presented to the Full Board on a monthly basis.
3. The Chief Executive Officers Report, Medical Director's Report, Financial Reports and Nursing Reports to the CAB.
4. Invitations to special programs such as Research Day, Focus Groups, etc.
5. Members sit on Hospital Based advisory boards. (PAC, IRB, Patient safety committee.

Being informed gives us the opportunity to provide input.

### 3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

yes

no

## **III. PATIENTS'/RESIDENTS' EXPERIENCES**

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes  No

2. What are the most frequent complaints raised by patients/residents?

Wait time in the ER and at the clinics.

3. What are the most frequent compliments provided by patients/residents?

- Excellent improvement of Doctor and Patient Relationships.
- Good customer service.
- New areas recently renovated and expanded.
- Expanded times and days in Ambulatory Care, having Saturday hours.

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes  No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

Yes  No

**IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES**

1. According to the CAB's By-laws, what is the CAB's total allowable membership? 24
2. What are current numbers of members? 14 What are current numbers of vacancies? 10
3. What were the membership recruitment activities conducted by CAB this year?

There is ongoing recruitment to ensure full membership. Board is recruiting from Community Events, Planning Boards, Legislators, Health Fairs and Borough President's Office.

4. Do the CAB's recruitment efforts include outreach to new population groups in the community?

Yes

No

5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

Patient Care Committee Chair is Alice Simmons. This Committee keeps track of each Division of the Hospital by having the Directors give a presentation on their departments.

Intergovernmental Committee is responsible for putting together the Annual Legislative Summit, as well as advocating to community leaders on behalf of the Facility.

6. Do Community (Planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?

Yes

No

a. If yes, please describe actions taken.

Members representing Planning Boards 1 (George Rodriguez,



Betty Bryan, Alice Simmons), 2 (Roland Lopez, Pascual Gomez) and 4 forward information received at the Community Advisory Board full Board meetings such as the Executive Director's Report, Medical Director's Report and Financial Report as well as to any other committee CAB members belong to.

7. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?
- Yes  No

8. Did the CAB convene an Annual Public/"Community Health meeting" with the general public this year?
- yes  no

\*Hosted workshops for CAB, PAC, Auxiliary and Community on DSRIP.

9. Did the CAB host or participate with the facility's leadership in a legislative forum this year?
- yes  no

The Bronx CABs, NYC H+H/ Lincoln, NYC H+H/ Gotham Morrisania and Belvis hosted our Thirteenth Annual Legislative Summit on Friday, March 3, 2017. Event was very well attended, 150 guest. Councilwoman Vanesa Gibson, Rep. from Senator Jose Serranos, Rep. from Assemblywoman Carmen Arroyo, and a Rep. from Bronx Borough President's office attended the Event. This year the format was changed to an interactive form with the community at large (Town Hall Format) which turned out to be very successful and well received by the stakeholders and community.

10. Did a representative of the CAB provide testimony at HHC's Board of Directors' Annual Public Meeting?
- yes  no

a. If so, were the issues subsequently addressed?

No issues were reported.

11. Describe the CAB's involvement in its facility's outreach activities?

CAB members represent and speak on behalf of the Facility at:

- Planning Boards and on committees they represent
- Health Fairs
- Community Events
- Public Hearings in the City and in Albany, NY.
- Voters Registration
- Special Events hosted by Lincoln Hospital.

12. Does your CAB's Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

- yes                       no

13. Did your CAB participate in last year's Council of CABs Annual Conference?

- yes                       no

14. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

- not enough               just right

If not enough, what assistance would you need?

**V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)**

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

- 1.
- 2.

**NOTE:** The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Community Advisory Board Report

Page 7

Signatures:

CAB

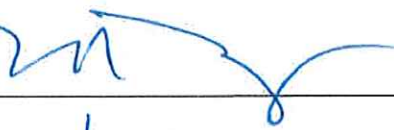
Chairperson:

Date:

 George Rodant

Executive

Director:



Date:

4/13/12



**REPORT TO THE COMMUNITY RELATIONS COMMITTEE  
OF THE HEALTH + HOSPITALS BOARD OF DIRECTORS**

**NYC Health + Hospitals/Harlem - Community Advisory Board**

**I. COMMUNITY NEEDS**

1. What are the most significant health care service needs or concerns of your community/communities?

*The most significant health care service needs or concerns of the community/communities served by NYC Health + Hospitals/Harlem include:  
Hypertension, High Blood Pressure, Diabetes, Obesity, Heart Disease, Mental Illness, Asthma, other Breathing issues, Smoking, and Alcohol and/or Drug use.*

2. How were these needs/concerns identified? (Please check all that apply).

- Community Board(s) meetings                       Other Public Meetings  
 Needs Assessments                                       Community Health Profile Data  
 Reports from Community Organizations    Surveys  
 Other Activities (please list)

- *Work group comprised of facility planning directors and other representatives.*
- *Published literature and internal analyses: 2016 Community Health Needs Assessment, DSRIP Community Needs Assessment, Take Care New York 2020, NYS Prevention Agenda and others.*
- *Input from: Community engagement, focus group, facility users, Community Advisory Board survey, and facility leadership.*

3. Is your facility leadership addressing these needs/concerns?

yes     no

- a. If yes, please give examples of what the facility leadership is doing.

*As outlined in Appendix 3 of the 2016 Community Health Needs Assessment, the Hospital's 2013 Implementation Plan addresses the prioritized health needs/concerns which were evaluated. Below is an outline of activities and initiatives provided:*

- **Diabetes**

*Patients are enrolled in the **Diabetes Registry**, which helps the patient and providers to monitor the management of disease and ensure patients have received appropriate screenings. The Chronic disease management program has implemented aggressive follow-up with non-compliant patients. Also, Certified*

*Diabetic Educators constantly provide patient education on diabetes self-management. Thanks to the Implementation of the **NYS Medical Home Demonstration Project**, the percentage of patients who are compliant with an A1C exam has increased 10% compared to 2014 data. The Hospital continues to access early detection, diagnostic and treatment services, and support groups to provide effective management strategies for Diabetes. Preventive and early detection interventions are offered through nutritional counseling, diabetes support groups, and cholesterol screenings.*

- **Cardiovascular Disease**

*Through **Project RED** the hospital has increased the number of Care Managers who oversee Care of Patients with Congestive Heart failure through to address cardiovascular disease. Disease management strategies have been enhanced through the **Harlem Healthy Hearts Initiative** which has led to a positive reduction in readmissions for patients with congestive heart failure and other cardiovascular diseases. Furthermore, patients with hypertension are enrolled in **Hypertension Target to Treat Pathway Program** to improve clinical outcomes. This program ensures that patients are educated on controlling their high blood pressure. The Hospital continues to target early detection and diagnostic and treatment services to provide effective management strategies for this disease. Social workers assess a patient's eligibility for home care support upon discharge. Post-discharge, each patient receives an appointment for follow-up in the cardiology clinic within one week. Patients also receive a post-discharge call to ensure they are compliant with medications, dietary restrictions, appointments and not exhibiting any signs or symptoms of heart failure. The system in effect provides a safety net, helping patients stay healthy in their community and prevents readmission to the hospital. Staff members also enroll eligible patients in Cardiovascular Risk Registry.*

- **Obesity**

***Bariatric Surgery Service** provides a comprehensive continuum of services including medical, surgical, nutritional, educational, and psychological services required to support patients through their Bariatric procedures and post-operative recuperation and transition. In FY' 14 there were 376 cases of bariatric surgery performed. There was an increase in FY' 15 with 435 cases of bariatric surgery performed.*

***Hip Hop Healthy Eating and Living in Schools** is an innovative program that focuses on the need to increase children's and parents' understanding and knowledge of calorie intake and weight management as it relates to chronic medical conditions. Targeting pre-adolescent children in communities with a disproportionate burden of obesity and its related illnesses, this program delivers*

*an interactive multi-media, educational interventions, using music and animation, to children and their parents. The program seeks to help them develop the skills required to make behavioral changes to maintain or initiate a healthy lifestyle.*

***Shape Up NYC** is a free family fitness program that is offered throughout the five boroughs via collaboration between the New York City Department of Health and Mental Hygiene, New York City Department of Parks and Recreation, and Equinox Fitness Clubs. NYC Health + Hospitals/Harlem currently offers two weekly Shape Up NYC classes, Kickboxing and Zumba. Over 200 community members and hospital staff have participated in the Harlem Hospital Shape Up NYC program since its inception. Many of the participants have reported decreases in weight and blood pressure, diminished stress levels, and improvements in mood and productivity as a result of their participation in the program.*

- **HIV/AIDS**

*NYC Health + Hospitals/Harlem has developed a seamless continuum of comprehensive programs for People Living with HIV/AIDS. Patients have access to HIV counseling and prevention education, primary care, testing, special services for women and children, nutrition care services and support groups. Existing programs include:*

- *Harlem Adherence to Treatment Programs, provides support services needed by people living with HIV/AIDS to assist them in complying with their medication regimen. The program continues to actively engage patients.*
- *Family Care Center, provides comprehensive medical, and support services for children, adolescents and adults with HIV/AIDS and their families. Services include medical care by infectious diseases specialist, pediatricians, dermatologist and gynecology. Other critical services provided include counseling and testing, health education, peer support, mental health services, nutrition assessments, anti-retroviral related adherence counseling, substance abuse counseling and social support services.*
- *Family Centered Program, provides comprehensive medical specialty and case management services to individuals who are HIV+/AIDS and their infected and affected family members.*
- *HIV Rapid Testing Program, provides HIV testing on all emergency, inpatient and outpatient units.*
- *Harm Reduction Recovery Readiness Program, uses a harm reduction model to engage HIV-infected individuals with past or current substance use issues so they may modify personal behavior patterns, improving quality of life and preventing transmission of HIV.*

- *HIV Nutrition Care Services Program*, provides comprehensive nutrition assessments and counseling for treatment and prevention of HIV-associated nutrition problems. It also addresses fat redistribution and metabolic problems caused by the use of potent antiretroviral therapies.
- *Medical Care Management Program* is a comprehensive HIV/AIDS model of care designed to ensure the navigation of healthcare and social services systems, the coordination of transportation and childcare services, linkage to eligible entitlements, and adherence to treatment support for individuals living with HIV and AIDS.
- *Ryan White Part C & Part D Programs* provides comprehensive primary care services to People Living with HIV/AIDS. Special program components address nutritional care and rapid testing. The program address needs of Women, infants and children. The program continues to actively engage this population and is currently servicing 80 clients.

- **Cancer**

NYC Health + Hospitals/Harlem implemented aggressive early intervention and screening programs for breast, cervical, prostate and colorectal cancers. In addition, the **Cancer Control Center** through the **Family Navigator Program** provides bilingual patient navigators to assist patients in accessing all appropriate health and supportive care services in the Hospital and in the community. Patients received education on the health consequences associated with smoking through the **Quit Smoking Program**. Thanks to the installation of new equipment the number of women receiving breast imaging services has increased since 2013.

Other activities includes:

- The Breast Imaging Center of Excellence provides all aspects of women's imaging-mammography and associated procedures.
- Outreach activities have increased, providing lecture to Community Organizations and increased breast cancer, Colorectal cancer, Prostate cancer and Lung cancer screening in the community.
- During the months of May and October, The Breast Cancer Awareness Committee coordinate a series of events and tabling to disseminate cancer information.
- In October 2016, the hospital partnered with the American Cancer Society for the Making Strides against Breast Cancer Walk.

- **Trauma Related to Violence**

The hospital provides health and support services to victims of gun shots, stabbings and assaults. **Guns Down Life Up!** Initiative has implemented Hospital Responder program. Youth between the ages of 13 to 24 who are admitted to the Hospital as a result of penetrating wound trauma are visited by staff who work



*with them and their families to help quell any retaliatory actions as well as counsel patients on the importance of changing their lives. Patients and their families are also shown the short documentary ‘Triggering Wounds,’ an internally produced project that highlights the pitfalls of gun violence and shares the effects from the viewpoint of families, friends, law enforcement and the community. The Hospital regularly partners with community based organizations in what we have named our ‘Circle of Safety’ to collaborate, discuss and focus efforts on combating gun violence. These meetings serve as a way to inform like-minded organizations on the efforts being put forth and also serve as a launching pad for collaborative efforts to make an impact in the community. These meetings also allow us to share the data and statistics that we track as a hospital with regard to trauma related injuries and also hear the qualitative data gathered by those who perform different functions at the community level.*

***The Six Winners Mentoring Program** is a life skills enrichment program designed for young men. The program meets regularly and works with approximately 15-20 students and delivers modules covering a wide variety of topics. The baseline mantra for the program is “Occupy a young person’s time with enriching and creative activities, so that they don’t have the time to hurt themselves or hurt others”*

*The hospital continues to partner with the New York Police Department’s 32nd Precinct and Harlem Mothers SAVE, Stop Another Violent End, to develop a Circle of Safety, an evidence-based violence reduction program which provides a continuum of health and support care services to the victims of gun shots, stabbings and assaults, and to their families.*

*NYC Health + Hospitals / Harlem also continues to host community forums to discuss strategies for preventing gun violence in our communities.*

*The Center for Victim Support facilitates Healing Circle groups, Empowerment groups, and Advocacy Forums to victims of domestic violence. In November 2016, the hospital participated in the Shine the light walk, to bring awareness about the prevention of domestic violence.*

## **II. FACILITY’S PRIORITIES**

1. What are the facility’s strategic priorities?

*Facility strategic priorities: Improve the Patient Experience, Increase Access Market Share & Outreach, Cost Reduction Strategies, Workforce Development and Modernization projects.*

2. Describe how the CAB provides input into the development of the facility’s strategic priorities?

*Members of the CAB participate in key committees held throughout the hospital. CAB members attend the Hospital Wide Patient Safety Committee, the Patient*

*Advocacy Council, Breakthrough Report Out events and Medical and Dental Executive Committee meetings and collaborate with staff to ensure that access to quality healthcare is at the fore front of all discussion. The CAB members actively participate in focus groups and Community Health Needs surveys.*

3. Have CAB members been informed of and provided input into the facility's plans for new programs and modernization projects, prior to their implementation?

yes  no

*The Community Advisory Board is notified on updates through monthly reports given by the Chief Executive Officer, Medical Director, Chief Nursing Officer, Chief Financial Officer, and Chief Operating Officer.*

### III. PATIENTS'/RESIDENTS' EXPERIENCES

1. Patient safety and patient satisfaction are a priority of the facility. Are reports on these subjects provided on a regular basis to the Community Advisory Board?

Yes  No

*The Chief Nurse Executive provides quarterly reports on patient satisfaction and the patient experience. Also, CAB Patient Care Committee meets regularly with the Patient Experience officer and the Director of Guest Relations to assist on how to improve the patient experience.*

2. What are the most frequent complaints raised by patients/residents?

*Complaints:*

- *Care*
- *Attitude*
- *Communication*
- *MD availability*
- *Lost Property*
- *Primary Care*

3. What are the most frequent compliments provided by patients/residents?

- *Quality of care*
- *Kindness and pleasant demeanor.*
- *Interpersonal relationships between staff and patients.*
- *More flexible clinic hours and weekends clinics.*
- *Cultural diversity of staff complements the cultural diversity of the patient population.*
- *Commitment of the providers and staff to the community.*
- *Hospital provides social services, financial and legal assistance, Mental Health, Women Infant Children (WIC) Supplement Food Program, AIDS Center of*

*Excellence, Bariatric Center of Excellence, Patient Centered Medical Home, Quit Smoking Program, and Project RED Congestive Heart Failure Project.*

- *Strong collaborations with community organizations*
- *Hospital's physicians are experts in their fields.*
- *Hospital has unique sub-specialties including Burn Unit; Plastic Surgery, Interventional and Muscular-Skeletal Radiology and sub-specialties for reconstructive facial surgery.*
- *NYC Health + Hospitals / Harlem is the only acute care facility in Harlem*
- *Ability to secure grant funds for special initiatives to bridge gaps in service.*
- *Patient-centered leadership empowers management staff to rise to their potential.*
- *Progressively enhancing the Information Technology Infrastructure to enhance the quality of care and communications.*

4. (For hospitals and D&TCs only). Are periodic reports or updates on the facility's access indicators such as appointment availability and cycle times/wait time(s) provided by facility leadership at CAB meetings?

Yes                       No

5. From the CAB's perspective, rate the facility in the following areas:

	Poor	Satisfactory	Very good
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Is signage about HHC's Options Program posted in areas that have high traffic?

Yes                       No

#### **IV. CAB ORGANIZATION, STRUCTURE AND RESPONSIBILITIES**

1. According to the CAB's By-laws, what is the CAB's total allowable membership?  
35
2. What is the current number of members? *23 current members*  
What is the current number of vacancies? *12 vacancies*
3. What were the membership recruitment activities conducted by CAB this year?

*The Membership Committee provided membership information and applications to the community at the Harlem Week Annual Health Fair. Also, the Membership Committee makes monthly announcements at the CAB Full Board Meeting and encourages CAB members to refer applicants to the Board.*

4. Does the CAB's recruitment efforts include outreach to new population groups in the community?  
 Yes  No

5. Does the CAB have an active working committee structure? Please list committees and briefly describe their responsibilities.

***Membership Committee** – this committee reviews applications, nominations, and recommend appointments to the applicable appointing source. The Committee convenes periodically as the need arises for new/replacement members.*

***Patient Care Committee** – this committee served by all CAB members serves as liaisons with departments within the hospital to evaluate the medical care and services rendered to patients. The Committee reports its findings and recommendations to the Board.*

***Annual Public Meeting Committee** – this committee is responsible for the planning and executing the CAB Annual Public Meeting.*

***Legislative Breakfast Committee** – this committee is responsible for the planning and executing the CAB Legislative Breakfast.*

***Newsletter Committee** – this committee produces quarterly issues for the community at large.*

***Sunshine Committee** – this committee is responsible for collecting dues from the CAB members and purchasing cards, gifts, for special occasions, and bereavement.*

***By-Laws Committee** – this committee is responsible for reviewing the proposals of the Board for amending the By-Laws and reporting to the membership.*

***Vacancy Committee** – this committee overview the hospital's vacancies reports from PAGNY.*

6. Do Community (planning) Board representatives on the CAB communicate the facility's needs or concerns with local Community Board(s)?  
 Yes  No

a. If yes, please describe actions taken.

*Community Board Members who are members of the CAB share reports and activities during monthly Community Board and Health Committee Meetings.*

7. Do Community Planning Board designees provide information at CAB meetings concerning the Community Board's(s') priorities or healthcare related issues brought to Community Board meetings?

Community Advisory Board Report  
2017 Page 9

Yes                       No

8. Did the CAB convene an Annual Public/“Community Health meeting” with the general public this year?

yes                       no

9. Did the CAB host or participate with the facility’s leadership in a legislative forum this year?

yes                       no

10. Did a representative of the CAB provide testimony at HHC’s Board of Directors’ Annual Public Meeting?

yes                       no

a. If so, were the issues subsequently addressed?

11. Describe the CAB’s involvement in its facility’s outreach activities?

- *Active participants in Harlem Week 2016*
- *Harlem Health Village*
- *Outreach Programs in the Hospital*
- *Tenant Associations*
- *Local Churches*
- *Community Centers*
- *Senior centers*
- *School Boards*
- *Block Associations*
- *Various walks promoted by the Hospital*
  - *Shine the light walk -Domestic violence awareness*
  - *Making Strides Against Breast Cancer*
  - *AIDS Walk New York*
  - *Step Out: Walk to Stop Diabetes*

12. Does your CAB’s Chairperson or alternate designee attend the Council of Community Advisory Boards meetings?

yes                       no

13. Did your CAB participate in last year’s Council of CABs Annual Conference?

yes                       no

14. How would you describe the current level of technical and strategic assistance provided to the CAB by the Office of Intergovernmental Relations?

not enough                       just right

If not enough, what assistance would you need?

**V. ADDITIONAL TOPICS FOR DISCUSSION (OPTIONAL)**

Are there additional topics that the CAB would like to discuss with the Board of Directors' Community Relations Committee? Please list the topics.

**NOTE:** The comments in this report represent the consensus of the entire membership and have been shared with the facility administration.

Signatures:

CAB

Chairperson:

Date:

Executive

Director:

Date:

*Benita Jay-Stembridge*  
*April 11, 2017*

*Cherie H. Carr*

*April 11, 2017*